


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90069 036 \*\*\*\*61.25

<b>DOCUMENT # 739249</b> 1. Entity Name <b>MONACO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>			Mailing Address <b>6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1756697</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWATT, MYRON C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACK, IRVING	NAME			
STREET ADDRESS	564 MONACO L	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOPLAN, BENARD	NAME	<b>D Kay, Irving</b>		
STREET ADDRESS	520 MONCICOK	STREET ADDRESS	<b>516 Monaco R</b>		
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	<b>DeRay Beach, FL 33446</b>		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHN, BEA	NAME			
STREET ADDRESS	123 MONACO-C	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP			
TITLE	2VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENCHER, STEVE	NAME	<b>T mencher, Stephen</b>		
STREET ADDRESS	680 MONARCOO	STREET ADDRESS	<b>680 Monaco O</b>		
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	<b>DeRay Beach, FL 33446</b>		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOFFMAN, ESTELLE	NAME	<b>2VD Balacaiar, Jack</b>		
STREET ADDRESS	350 MONACO H	STREET ADDRESS	<b>168 Monaco D</b>		
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP	<b>DeRay Beach, FL 33446</b>		
TITLE	1VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, ESTELLE	NAME			
STREET ADDRESS	350 MONACO H	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Beatrice Cohn</i> <b>Beatrice Cohn</b> <b>4/09/04(561) 989-5015</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					